



Beautiful Blessings Preschool Academy Application

Application Date: ____/____/20__ Desired Enrollment Date: ____/____/20__

Child's Name: _____

Male Female Date of Birth: ____/____/20__
(Circle one)

Child's Address: _____

Father/Guardian Name: _____
(If different from Child)

Father's Address: _____

Home Telephone: (____) ____ - ____ Cell Phone: (____) ____ - ____

E-Mail Address _____

Employer: _____ Occupation: _____

Telephone: (____) ____ - ____

Mother/Guardian Name: _____

Mother's Address: _____
(If different from Father/Guardian)

Home Telephone: (____) ____ - ____ Cell Phone: (____) ____ - ____

E-Mail Address _____

Employer: _____ Occupation: _____

Telephone: (____) ____ - ____

Requested Program: _____

Mid-day Munchers: M T W TH F Hours: 12:00 PM – 1:00 PM

Afternoon Extension: Days: _____ Hours: 1:00 PM – 3:00 PM
PM

Has your child ever been in preschool/childcare before? _____

What type (center, family daycare, grandma etc?) _____

Was it a positive experience? _____

Are there any areas that you would like to see your child working on?

What discipline method do you use at home? _____
What is your child's temperament? Are they easy going, easy/hard to please, demanding, quiet, aggressive, etc.

What are some of your child's favorite activities?

Does your child have any special needs or concerns?

What are your hopes/expectations for your child?

Are you concerned that your child may be prone to any type of allergies?

Describe:

Does your child have any medical conditions which I should be made aware of?

Does your child have any speech, hearing or visual impairments?

Has your child ever been tested for the above?

Has your child ever had any surgeries?

If yes, please describe:

Would there be any restrictions to play or activities?

Age your child began to: Sit _____, Crawl _____, walking _____, Talk _____

What is your child's favorite food?

Child's favorite color _____ Favorite Song _____

Does your child know the basic shapes? _____

ABC'S _____ colors _____ numbers _____?

Does your child eat with a spoon _____ fork _____ hands _____? (Check all that apply)

Can your child articulate his/her need to use the bathroom? _____

Does your child have any fears related to toileting? _____
What word does your child use for: Bowel movements _____ urination _____
What time does your child wake up in the morning? _____
What time is your child's bedtime? _____
Does your child sleep through the night? _____
What does your child sleep in? _____
Are there any siblings? Please list their names, ages and gender,
Name _____ age _____ gender _____
Name _____ age _____ gender _____
Name _____ age _____ gender _____
Name _____ age _____ gender _____
Name _____ age _____ gender _____
Name _____ age _____ gender _____
How does your child feel about attending preschool?

What languages are spoken at home?

How did you learn about Beautiful Blessings Preschool Academy?

Personal Referral – Who? _____

Newspaper ____ Radio ____ Website ____ Other _____

Thank you for providing this information.

Please include the nonrefundable \$60.00 registration fee with this form. This fee will secure your Child's Name on our waiting list.

Parent Signature _____

Date Received _____
Post Card _____
Registration Fee _____ Check # _____
Class room Assigned _____